

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARERichard C. Anderson

Plaintiff

General Motors

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVITCASE NUMBER: 05-877 JJFI, Richard C. Anderson declare that I am the (check appropriate box)☐ Petitioner/Plaintiff/Movant ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No" go to Question 2)

If "YES" state the place of your incarceration _____

Inmate Identification Number (Required): _____

Are you employed at the institution? _____ Do you receive any payment from the institution? _____

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?
\$25,000 cash 1982 G.M.

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Any other sources	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive. SSP 1,161.00

2007 JUN 11 PM 1:01
U.S. DISTRICT COURT
DISTRICT OF DELAWARE

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? *1998 Ford Taurus* ☒ Yes ☐ No

If "Yes" describe the property and state its value.

*50.00 monthly - Brandi & Toki
Anderson Daether*

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

I declare under penalty of perjury that the above information is true and correct.

June 11, 07

DATE

Robert C. Anderson

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

Your New Benefit Amount

BENEFICIARY'S NAME: ROLAND C ANDERSON

133724

Your Social Security benefits will increase by 3.3 percent in 2007, because of a rise in the cost of living. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

How Much Will I Get And When?

- Your new monthly amount (before deductions) is \$1,211.00
- The amount we are deducting for Medicare medical insurance is \$0.00
(If you did not have Medicare as of Nov. 15, 2006, or if someone else pays your premium, we show \$0.00.)
- The amount we are deducting for your Medicare prescription drug plan is \$0.00
(If you did not elect withholding as of Nov. 1, 2006, we show \$0.00.)
- The amount we are deducting for voluntary federal tax withholding is \$0.00
(If you did not elect voluntary federal tax withholding as of Nov. 15, 2006, we show \$0.00.)
- After taking any other deductions, we will deposit \$1,161.00
into your bank account on Jan. 3, 2007.

If you disagree with any of these amounts, you should write to us within 60 days from the date you receive this letter.

What If I Have Questions?

Visit our website at www.socialsecurity.gov for information about Social Security. Or, call 1-800-772-1213 and speak to a representative from 7 a.m. until 7 p.m. on business days. Recorded information and services are available 24 hours a day. Our lines are busiest early in the week and early in the month; it is best to call at other times. If you are deaf or hard of hearing, call our TTY number, 1-800-325-0778. If you are outside the United States, you can contact any U.S. embassy or consulate office, or the Veterans Affairs Regional Office in Manila. Have your Social Security claim number available when you call or visit and include it on any letter you send to Social Security. If you are inside the United States, you also can visit your local office.

SUITE 200
920 W BASIN ROAD
NEW CASTLE DE

BNC#: 06B1368F49623

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